



Complete Summary

TITLE

Post-hospitalization care for mental illness: percentage of discharges that were followed by an ambulatory mental health encounter or day/night treatment with an other or unspecified provider within 7 and 30 days of hospital discharge (MEDDIC-MS SSI).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Brief Abstract

DESCRIPTION

This measure tracks outpatient mental health follow-up care services provided by an other or unspecified provider to Supplemental Security Income (SSI) health maintenance organization/managed care organization (HMO/MCO) enrollees within 7 and 30 days of discharge from an inpatient care setting with a principle diagnosis of mental illness.

See the NQMC measure summaries for the related measures that track outpatient mental health follow-up care services provided by either a [specialist mental health provider](#) or by a [primary care provider](#).

RATIONALE

Mental health/substance abuse services are vital to a person's overall health and sense of well-being. Most individuals prefer outpatient services to meet their healthcare needs whenever possible and that is particularly true for mental health needs. Mental health and substance abuse issues are of higher prevalence in the Supplemental Security Income (SSI) population than in the general population.

Research supports that there is a causal relationship between early post-discharge follow-up care and lower rates of readmission. One recent study found the relapse rate for individuals seen within 30 days was only 13.5 percent compared to a relapse rate of 25.1 percent when follow-up care was not provided.

PRIMARY CLINICAL COMPONENT

Mental health; post-hospitalization care; ambulatory follow-up

DENOMINATOR DESCRIPTION

Supplemental Security Income (SSI) health maintenance organization/managed care organization (HMO/MCO) enrollees age 15 to 20 years and 21 years and older at the time of discharge who were discharged with a selected mental health diagnosis. The enrollee must have been continuously enrolled without breaks for at least 30 days prior to the date of discharge and for at least 30 days after discharge. The measure look-back period is 12 months (365 days) from the measure end date, but include in the denominator only those discharges occurring within the first 335 days of the look-back period.

NUMERATOR DESCRIPTION

The number of discharges in the denominator that were followed by an ambulatory mental health encounter or day/night treatment with an other or unspecified provider within 7 and 30 days of hospital discharge.

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid

External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than 15 years at the time of discharge

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Mental health and substance abuse issues are of higher prevalence in the Supplemental Security Income (SSI) population than in the general population.

EVIDENCE FOR INCIDENCE/PREVALENCE

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Wisconsin Medicaid data indicates that as provision of outpatient mental health services increased, readmission to inpatient care settings for mental health care settings has declined. The decline in readmission also corresponded to increased provision of follow-up care within 30 days of discharge from the mental health inpatient setting.

EVIDENCE FOR UTILIZATION

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Supplemental Security Income (SSI) health maintenance organization/managed care organization (HMO/MCO) enrollees age 15 to 20 years and 21 years and older at the time of discharge who were discharged with a selected mental health diagnosis. The enrollee must have been continuously enrolled without breaks for at least 30 days prior to the date of discharge and for at least 30 days after discharge.

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization
Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Supplemental Security Income (SSI) health maintenance organization/managed care organization (HMO/MCO) enrollees age 15 to 20 years and 21 years and older at the time of discharge who were discharged with a selected mental health diagnosis. The enrollee must have been continuously enrolled without breaks for at least 30 days prior to the date of discharge and for at least 30 days after discharge. The measure look-back period is 12 months (365 days) from the measure end date, but include in the denominator only those discharges occurring within the first 335 days of the look-back period.

Refer to the original measure documentation for specified International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) mental health diagnosis codes.

If a member has more than one discharge during the look-back period with a principal diagnosis of one of the selected mental health disorders listed in the original measure documentation, that member may be reflected more than once in the sampling frame. However, if a discharge for one of the selected mental health disorders is followed by a readmission or a direct transfer to an acute or non-acute facility for any mental health principal diagnosis within the 30-day follow-up period, only the readmission discharge or the discharge from the facility to which the member was transferred should be counted, provided it meets the clinical criteria.

Exclusions

Do not count enrollees discharged from residential care or rehabilitation programs.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of discharges in the denominator that were followed by an ambulatory mental health encounter or day/night treatment with an other or unspecified provider within 7 and 30 days of hospital discharge.

The follow-up visit must be with an other or unspecified provider and can be for any mental health diagnosis. Refer to the original measure documentation for mental health provider criteria.

To identify ambulatory mental health follow-up encounters, refer to the original measure documentation for Current Procedural Terminology (CPT-4/2001) codes and Uniform Billing (UB-92) revenue codes.

Exclusions

Certain individual psychotherapy and interactive psychotherapy services are excluded from the numerator if provided during an acute care inpatient stay or residential care facility but do count in the numerator if provided during partial hospitalization only. Refer to the original measure documentation for details.

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Two age cohorts are reported: Supplemental Security Income (SSI) health maintenance organization/managed care organization (HMO/MCO) enrollees age 15 to 20 years and 21 years and older.

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Program-wide 2002 aggregate baselines and 2004 performance goals (with input from participating health maintenance organizations [HMOs] based on aggregate baselines) to be established. Goals will be ramped up over time to progressively drive performance improvement.

EVIDENCE FOR PRESCRIPTIVE STANDARD

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002 for Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). Modifications made to base measure for Supplemental Security Income (SSI) do not affect measure accuracy or validity.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Post-hospitalization care for mental illness within 7 and 30 days. Other or unspecified provider follow-up.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS SSI \(Medicaid Encounter Data Driven Improvement Core Measure Set for Supplemental Security Income\). Measures applicable to SSI managed care population.](#)

MEASURE SUBSET NAME

[Targeted Performance Improvement Measures \(TPIM\) -- SSI](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

MEASURE AVAILABILITY

The individual measure, "Post-hospitalization care for mental illness within 7 and 30 days. Other or unspecified provider follow-up," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care (MEDDIC-MS SSI)."

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NQMC STATUS

This NQMC summary was completed by ECRI on January 30, 2004. The information was verified by the measure developer on February 9, 2004.

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The logo for FIRST GOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

